

PfL Pre-Conference Workshop
IASP World Congress, Vienna 2025
10 June 2025

The 33rd IASP World Congress, held in Vienna in June 2025, saw a range of Partnerships for Life (PfL) related activity. On the first day, 50 people from 27 countries attended a Partnerships for Life Pre-Congress Workshop. Joy Ladurner and Steve Platt facilitated the session in which working groups considered the following key topics; what is known about suicidal behaviour; how to make things happen in suicide prevention; what is the relevant context; how to achieve authentic engagement with people with lived experience; how people working in the field can know they're on the right track. Discussions were framed around three cross-cutting topics: lived experience, mentorship and collaboration.

Understanding ***what is known about suicidal behaviour*** depends to a large extent on robust surveillance systems which provide access to good real-time data. There are good systems in some countries, but for most countries data is less reliable, creating a context in which the identification of good data is challenging. Approaches to improving the quality – through the use of AI and other technologies, and education and training – provide opportunities which must be approached with care.

In ***getting started***, structural barriers including decriminalisation had an impact. Suicide is a multi-level issue which requires a suite of approaches, ranging from education, raising awareness, collecting evidence, and taking advantage of opportunities as and when they arise. Changes in government, and therefore changes in the direction of policy, are a further complication.

While the existence of suicide prevention strategies is invaluable, ***understanding the context*** in which suicide prevention activities take place is vital. One size does not fit all, and the cultural context must be considered in identifying appropriate entry points to strategy implementation. Where public policy is devolved from the national government, an understanding of different contexts is particularly important, particularly where populations become so small that different primary data and outcomes may need to be measured.

The identification of the correct stakeholders requires careful thought, with a comprehensive implementation approach vital. These should always, where possible, include people with ***Lived Experience***. Key to ensuring the fullest engagement is to clearly engage and to co-design – all input should be considered within clear approvals processes. Sensitivities must be considered in developing interventions and studies. Trust and autonomy is vital, and the involvement of those with lived experience must be adequately resourced. Safeguarding must always be in place to ensure the safety of all participants.

Increased representation within the global debate from **lower and middle income countries** is essential to progress. **Mentorship** is important – south-south and south-north mentorship is as valuable as north-south – should be seen as shared learning rather than mentorship, and conducted in supportive and respectful ways. There are common issues in this field across the world, and common lessons to be learnt, but solutions are likely to be found locally.

Giving practitioners the opportunity to **know they're on the right track** requires the identification of relevant and good quality data, the involvement of key stakeholder groups, identifying populations at particular risk, and evaluation. Focus – and the identification of a core matrix of relevant data – is essential.

In summary, participants saw great value in combining many of the factors under discussion. Strong surveillance systems are vital, and best created through the inclusion of people with lived experience, with full consideration and understanding of the cultural context. Approaches to intervention and research must be culturally appropriate, with different stakeholder groups treated with due flexibility.

With thanks to the expert facilitators:

Dr Camila Altavini, Clinical Psychologist, University of Brasilia, Brazil.

Dr Annette Erlangsen, Associate Professor, Danish Research Institute for Suicide Prevention, Denmark.

Professor Ann John, Public Health and Psychiatry, Health Data Science, Swansea University, UK.

Professor Kairi Kõlves, Australian Institute for Suicide Research and Prevention, Griffith University, Australia.

Joy Ladurner, Psychosocial Health, Gesundheit Österreich GmbH, Austria

Professor Richard McKeon, Chief, Suicide Prevention Branch at Substance Abuse & Mental Health Services Administration, USA.

Professor Vikas Menon, Jawaharlal Institute of Post Graduate Medical Education and Research, Puducherry, India.

Merab Mulindi, Counselling Psychologist, Nairobi, Kenya.

Dr Sandersan Onie, Research Fellow, Black Dog Institute, UNSW Sydney, Australia.

Professor Steve Platt, Health Policy Research at the University of Edinburgh, UK.

Vanda Scott, International Adviser, IASP.

Professor Lakshmi Vijayakumar, Head of the Department of Psychiatry in the Voluntary Health Services, and founder of SNEHA, Chennai.